



Society of Gynecologic Oncology

Society of Gynecologic Oncology E-Survey Request Form

To: SGO Admin **From:** _____
Fax: 312-235-4059 **Pages:** _____
Re: E-survey Request **Date:** _____

E-SURVEY REQUEST INSTRUCTIONS

Please read the following E-survey request instructions carefully before completing the attached form. All E-survey request forms must be complete. Incomplete forms will not be processed and will be returned to the requester for completion. **A copy of the IRB or QIAB approved survey must accompany your request form to be considered.**

The process to submit a request is:

1. You must be an SGO member to make a request.
2. Each requestor must confirm that they are aware that they are expected to provide a report/summary of responses following the completion of the survey.
3. The cover letter is required to include the following:
 - a. Who is conducting the survey
 - b. The purpose of the survey
 - c. Survey must be IRB or QIAB approved
 - d. Indication that participation is voluntary
 - e. Disclaimer: No connection to the Society of Gynecologic Oncology
 - f. A notice stating whether or not responses are anonymous
 - g. All electronic surveys must extend an opt-out feature to limit member spam
 - h. All responses to the survey are to be returned directly to the requester not SGO staff
 - i. A copy of the survey and any cover memo must accompany the request form to be considered.
4. E-mail List may only be distributed to the members three times. One notification and two reminders.
5. The email must be sent from an SGO member.
6. The SGO may not be mentioned in the subject line of the e-mail and all address must be copied in the BCC line of the email.
7. A test e-mail must be submitted for approval to administration@sgo.org before the e-mail list can be released.

Cost and Invoicing

Cost is as follows:

- Member price (Full and Partial Lists): \$250.00 per set

E-Survey lists may be purchased after approval in the SGO Store at sgo.org. Payment must be received before any e-mail lists will be processed.

Questions

Should any questions arise regarding your E-survey request, please contact SGO at administration@sgo.org or 312-235-4060.

Please fax or mail your completed order form as well as a copy of the survey and any cover memo that you plan to send to SGO via fax at 312-235-4059 or administration@sgo.org.

E-survey Request Form

Today's date: _____

Title of Survey: _____

Survey Start/End Dates: _____ to _____

(Required)

Requester: _____

SGO Member # (Required): _____

Phone: _____

E-mail (Required): _____

PLEASE ATTACH A COPY OF THE SURVEY & ANY MEMO.

Please check complete or partial list and all that apply: Contact us for list specifications.

☐ Complete list (over 2000 names) ☐ International Only ☐ USA Only ☐ Gynecologic Oncologists Only

MEMBER TYPES

☐ Full ☐ Associate ☐ Candidate ☐ Fellow-in-Training ☐ Senior ☐ Allied ☐ International* ☐ Resident

* Gyn Onc, Med Onc, Pathologists, Radiation Onc, PhD, Geneticists, Surg Onc practicing outside of the US.

SIGNATURE REQUIRED: One-Time Use

I understand and agree that the use of the SGO e-mail member list is granted for one-time use only for the purpose of conducting gynecologic oncology research. I understand that a separate order form must be submitted for any future requests. I understand that SGO reserves the right to limit the number of surveys being sent to its members.

Signature _____ Date: _____